

RETURN TO  
YOUR TEACHER  
BY THIS DATE:



## OUTDOOR OPPORTUNITIES (O<sub>2</sub>)



# APPLICATION

## What is the O<sub>2</sub> Program?

The O<sub>2</sub> Program is a Seattle Parks and Recreation program serving teens 15 - 19 years of age. The program uses fun outdoor activities to teach teens about the environment, leadership and job skills.

## What does the O<sub>2</sub> Program do?

The three main components of the O<sub>2</sub> Program are:

- ◆ **Free after school workshops:** Wednesdays, some Thursdays 3-7pm
- ◆ **Free day and overnight trips:** Weekends, school vacations, and summer
- ◆ **Free service projects:** Saturdays 9am-4pm

On each trip you will try a new outdoor activity such as backpacking, rock climbing, river rafting, snowboarding, mountain biking etc. Space on individual trips is first-come first-serve. Come learn about the environment, meet students from different high schools, eat great food and have some FUN!

Everything we do is **free**, and you don't need any special equipment OR experience to do our activities! You can also pick the activities that work best for your schedule—you don't have to do all of them. To see a list of program activities, go to the website [www.seattle.gov/parks/teens/o2](http://www.seattle.gov/parks/teens/o2) and click on the link "Calendar".

## Where / When does the program meet?

The O<sub>2</sub> Program has Camp Long and Southwest Teen Life Center locations, and we have some joint programs where both groups meet up. We have pick-up/drop-off locations at Community Centers throughout Central and South Seattle.

During the school year we offer after-school programs on Wednesdays, and some Thursdays. Overnight trips and service projects take place on weekends. We also offer day trips Tuesdays through Friday and extended multiday trips throughout the summer.

## How do I join?

**FILL OUT THE APPLICATION:** Please fill out the attached application completely. If you are under 18, make sure to have a parent / guardian sign AND initial in the correct places. If you need another application, click the "APPLY" link on our website, print and fill out.

**TURN IN THE APPLICATION:** You can turn in the O<sub>2</sub> application 3 different ways:

- Bring it back to your teacher by the date written in the top right corner
- Call and sign up for an event and bring your application with you
- Mail the application to:

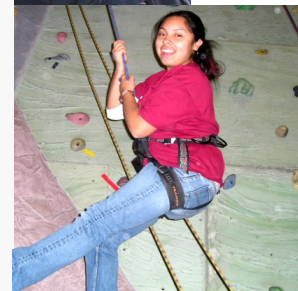
Camp Long ELC  
O2 Program  
5200 35th Ave SW  
Seattle, WA 98126

Once we've received your application, we will call you to arrange for you to attend an orientation. If you would like to receive monthly email updates, sign up for our program Listserv by entering your email into the O<sub>2</sub> e-newsletter box on our website.

**Have additional questions? Please feel free to contact our O<sub>2</sub> staff:**

Bob Warner (206) 760-3839	<a href="mailto:robert.warner@seattle.gov">robert.warner@seattle.gov</a>
Adama Seck (206) 390-1018	<a href="mailto:adama.seck@seattle.gov">adama.seck@seattle.gov</a>
Hannah Narramore (206) 423-3460	<a href="mailto:hannah.narramore@seattle.gov">hannah.narramore@seattle.gov</a>
Rachel Larson (206) 423-1501	<a href="mailto:rachel.larson@seattle.gov">rachel.larson@seattle.gov</a>

[www.seattle.gov/parks/teens/o2](http://www.seattle.gov/parks/teens/o2)





## Personal Information

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Home Phone: (\_\_\_\_\_) \_\_\_\_\_ Cell Phone: (\_\_\_\_\_) \_\_\_\_\_

Email: \_\_\_\_\_ School Attending: \_\_\_\_\_

Gender: \_\_\_\_\_

Ethnic Group(s): Please circle all that apply (optional)

- Asian
- Black or African-American
- American Indian and/or Alaska Native
- White
- Native Hawaiian/Pacific Islander
- Hispanic or Latinx
- Other: \_\_\_\_\_

Language(s) Spoken: \_\_\_\_\_

I will be attending events at: \_\_\_\_\_ Camp Long (Camp Long, Jefferson and Garfield  
Community Center pick up locations)  
\_\_\_\_\_ Southwest (Southwest Teen Life Center, Rainier Beach and  
Rainier Community Center pick up locations)

## All Applicants Must Complete:

I have read all enclosed materials concerning the Seattle Department of Parks and Recreation, O2 Program. I certify that all the statements made in this application are true to the best of my knowledge.

Print Name: \_\_\_\_\_



Sign Name: \_\_\_\_\_

We have read and understand the enclosed materials that describe the Seattle Department of Parks and Recreation, O2 Program. We have discussed the O2 program with our son/daughter and understand that the outdoor events may occur in remote locations/settings, and authorize him/her to apply for and participate in the O2 Program.

Print Name of Parent/Guardian: \_\_\_\_\_



Signature of Parent/Guardian: \_\_\_\_\_

## MEDICATION INFORMATION AND TREATMENT AUTHORIZATION

It is important that we are aware of any medication your child may be taking in case of emergency. Please complete this form and provide information regarding medication your child takes, whether he or she will take it during child care hours or not. Staff must administer all medication taken during child care hours.

**Child's Name** \_\_\_\_\_  
(Last) (First)

**Medical Problem:** \_\_\_\_\_

### Medication Administration

State law prevents our staff from administering medication unless we have a signed note from a physician stating dosage and procedure. If your child needs to have medication administered during child care hours, please bring this form and the medication in its prescription bottle and give it to a staff member. A staff member must dispense all medications. Please do not leave medication in the possession of your child or in his or her lunch box. Write on the sign-in sheet the time the medication needs to be given. Let us know if the medication needs to be stored in a special way, e.g., in the refrigerator or away from sunlight.

Medication		Dosage		Time	
Method of Administration					
Special Handling					
Possible Side Effects					
Comments or Further Instructions					

**Physician Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Physician Printed Name** \_\_\_\_\_ **Phone** \_\_\_\_\_

**I authorize the child care facility to administer the above medication(s) and/or treatment(s).**

**Parent/Guardian Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

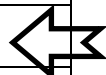
**Parent/Guardian Printed Name** \_\_\_\_\_

# 2018 PARTICIPANT INFORMATION AND AUTHORIZATION FORM




Facility/Program: \_\_\_\_\_

This information is considered confidential and is used only to help staff meet the needs of your child. **Please fill out all sections completely (mark N/A if a section does not apply) and sign and initial where indicated.** Additional information may be required, including but not limited to immunization records, medical treatment, medication administration instructions and authorization, and special field trip permission. If you have updated information on this form, please contact staff immediately to update.

## PARTICIPANT AND PARENT INFORMATION

Child's Name (First and Last)		Age	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> _____
Birthdate		School	Grade
Address		City	Zip Code
Parent/Guardian Name (First and Last)			Signature 
Cell Phone	Other Phone	Email	
Address (if different than above)		City	Zip Code
Relationship to Child <input type="checkbox"/> Parent <input type="checkbox"/> Guardian <input type="checkbox"/> Foster Parent		Language(s) Spoken at Home	

## GENERAL AUTHORIZATIONS AND INFORMATION

- My child has previously attended a Seattle Parks and Recreation School Age Care Program. ☐ No ☐ Yes - Location: \_\_\_\_\_
- My child has permission to attend field trips as posted in activity schedule, by means of walking, public bus, department van, yellow bus.  
 (YES) Initial Here \_\_\_\_\_ (NO) Initial Here \_\_\_\_\_
- My child has permission to participate in swimming and other water activities at Seattle Parks and Recreation facilities including swimming pools, lifeguarded beaches, boat ing facilities, and wading pools. Swimming Ability: ☐ Non Swimmer ☐ Beginner ☐ Intermediate ☐ Advanced  
 (YES) Initial Here \_\_\_\_\_ (NO) Initial Here \_\_\_\_\_
- I will provide sunscreen and my child may apply it \_\_\_\_\_ times during the day.  
 (YES) Initial Here \_\_\_\_\_ (NO) Initial Here \_\_\_\_\_
- Photographs (stills and video) of your child may be used for the City of Seattle, its Department of Parks and Recreation, or Associated Recreation Council or Advisory Council, publications.  
 If you **DO NOT** agree Initial Here \_\_\_\_\_ (Do NOT use photographs of my child)

My child has the following behavioral issues which staff should be aware:

I handle these behaviors in the following way:

## EMERGENCY CONTACTS (Also authorized for participant pick-up)

*Please list secondary contacts if we cannot reach you.*

1. Contact Name (First and Last)		Relationship	
Cell Phone	Other Phone	Email	
Address		City	Zip Code
2. Contact Name (First and Last)		Relationship	
Cell Phone	Other Phone	Email	
Address		City	Zip Code

## PICK-UP AUTHORIZATION AND INFORMATION (Minimum Age 14)

*List all individuals authorized to pick up your child. If an individual is not listed, your child will not be released. No voice authorization for pick-up accepted.*

I. Name Address	Relationship	Cell Phone	Other Phone
I. Name Address	Relationship	Cell Phone	Other Phone
I. Name Address	Relationship	Cell Phone	Other Phone

## Child Sign In and Sign Out Procedures (WAC 170-297-2125)

The parent or authorized person to take the child to and from the program site shall sign-in the child on arrival and sign-out the child at departure using a full, legal signature. When the child leaves the program site to attend school or other off-site activities as authorized by the parent, staff shall sign-out the child and sign-in the child upon return to the program.

## MEDICAL HISTORY AND AUTHORIZATION INFORMATION

**My child experiences the following:** Please **CHECK** all that apply or 'None'. **Additional forms are required prior to your child attending if medical conditions are checked.** Providing this additional information will help us to ensure your child has a positive experience. Efforts will be made to provide reasonable accommodation in accordance with the Americans with Disabilities Act.

- |  |  |  |  |  |
|--|--|--|--|--|
| <input type="checkbox"/> NONE                | <input type="checkbox"/> ADD                 | <input type="checkbox"/> ADHD              | <input type="checkbox"/> Allergies           | <input type="checkbox"/> Asthma              |
| <input type="checkbox"/> Asperger's Syndrome | <input type="checkbox"/> Autism              | <input type="checkbox"/> Behavior Disorder | <input type="checkbox"/> Diabetes            | <input type="checkbox"/> History of Seizures |
| <input type="checkbox"/> Hearing Impairment  | <input type="checkbox"/> Learning Disability | <input type="checkbox"/> Mental Disability | <input type="checkbox"/> Physical Disability | <input type="checkbox"/> Dev. Disability     |
| <input type="checkbox"/> Visual Impairment   | <input type="checkbox"/> Other: _____        |  |  |  |


Currently taking Medication at:

☐ Program  
☐ School  
☐ Home

Unless you have religious objections, we cannot allow your child to participate without the following authorizations. If you have religious objections, please submit a written statement of those objections. A MEDICAL TREATMENT AUTHORIZATION Form signed by a physician is required for any medication taken or administered while in a Seattle Parks and Recreation, Associated Recreation Council or Advisory Council program. Forms are available at each facility.

Child's Name (First and Last)		Age	Birth Date
Medical Provider (First and Last)		Dental Provider (First and Last)	
Address, City, Zip Code		Address, City, Zip Code	
Phone		Phone	
Date of Last Physical Exam:    Month _____    Year _____		Date of Last Dental Exam:    Month _____    Year _____	
If you do not have a medical provider, in case of injury or incident, what is your plan:		If you do not have a medical provider, in case of injury or incident, what is your plan:	
Preferred Hospital for Treatment:			

I authorize the administration of all medical, dental, and surgical examinations, operations, treatment, and all related care, including emergency or ambulance transportation and the administration of drugs, tests, anesthesia and blood transfusions to the above-named minor when a physician or dentist at the treating medical facility deems those procedures necessary for emergency treatment. I consent to the release of medical report(s) to any doctor or agency and consent to the admission of the above-named minor person to the hospital. I understand that the City of Seattle, its Department of Parks and Recreation, Associated Recreation Council, Advisory Councils, the Community Center, and their officers, employees, and volunteers assume no financial obligation or liability in case of my child's accident or illness. **I also assume full financial responsibility for emergency treatment for my child.**

 Initial Here \_\_\_\_\_

## LEGAL DOCUMENTATION INFORMATION

Provide information below pertaining to your child regarding documentation about a parenting plan or current restraining order issued by a legal authority in the State of Washington:

Parenting Plan	Restraining Order
<input type="checkbox"/> YES <input type="checkbox"/> NO    Expiration Date: _____ If yes, provide copy for child's program file.	<input type="checkbox"/> YES <input type="checkbox"/> NO    Expiration Date: _____ If yes, provide copy for child's program file.

## PARENTAL CONSENT, RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY AGREEMENT

IN CONSIDERATION of my minor child ("the Minor") being permitted to participate in any way in the EVENT(S), I agree:

I know the nature of the EVENT(S) and the Minor's experience and capabilities, and believe the Minor to be qualified to participate in the Event(s). The Minor and I will inspect the premises, facilities, and equipment to be used or with which the Minor may come in contact to ensure it is safe to our satisfaction. I have spoken with the Minor about the dangers of the activities and the fact that the Minor could—for a variety of known, unknown, foreseeable and unforeseeable reasons, **including negligence** of the City of Seattle, its employees and volunteers, officers and agents—be seriously injured. In extreme cases, such injuries could include permanent disability, paralysis or even death ("risks"). Even understanding these risks I consent to the Minor's participation in the Event(s) and assert that the Minor is willing to participate in the event.

I accept and assume all risks, and assume all responsibility for the losses, costs and/or damages following an injury related to the Event(s), including disability, paralysis or death, even if caused in whole or in part by the negligence of the following releasees: the City of Seattle, its employees and volunteers, officers and agents. **My acceptance of these risks includes releasing and agreeing not to sue the releasees. I also agree to indemnify and save and hold harmless the releasees and each of them from any and all litigation expenses, attorney fees, loss, liability, damage, or cost they may incur due to a claim made against any of the releasees identified above based on an injury to the Minor, whether the claim is based on the negligence of the releasees or otherwise and whether the claim is made by me, is made on behalf of the minor, or is otherwise made.**

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Printed Name of Parent or Guardian

\_\_\_\_\_  
Date

